

# 2011 NC DHHS PRTF STAFF RATIO REVIEW

Provider Name:		Audit Date:					
Provider #:		Dates (2 weeks):					
<b>Shift Notations:</b> A = 1 <sup>st</sup> of 3      C = 3 <sup>rd</sup> of 3      E = 1 <sup>st</sup> & 3 <sup>rd</sup> of 3      G = 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> of 3      I = 2 <sup>nd</sup> of 2 B = 2 <sup>nd</sup> of 3      D = 1 <sup>st</sup> & 2 <sup>nd</sup> of 3      F = 2 <sup>nd</sup> & 3 <sup>rd</sup> of 3      H = 1 <sup>st</sup> of 2      J = 1 <sup>st</sup> & 2 <sup>nd</sup> of 2							
RATING CODES: 0 = Not Met / No, 1 = Met / Yes, 9 = N/A							
For Column 7: Was staff ratio/nurse coverage met during each day of the 2-week period designated above?							
DAY	1. DATE	WHEN RATING = "NOT Met", Complete columns 2 through 7.					
		2. # CHILDREN <i>in home</i>	3. # STAFF	4. SHIFT <i>(Use Notations)</i>	5. NURSE COVERAGE	6. SHIFT	7. RATING
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
COMMENTS:							
AUDITOR:							